

<b>Case Number:</b>	CM14-0028019		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	01/24/2008
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	02/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/05/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 51-year-old female who reported an injury on 01/24/2008, and continued until 10/07/2011. The injury reportedly occurred when she reached up to pull up aluminum blind above shoulder level, when she noted a sharp pain in her lower back. Upon evaluation on 04/01/2014, the injured worker complained of low back pain, which rated 4/10. The pain was described as sharp with extension and lateral bending, and had occasional radiating symptoms to the lower extremities, right greater than left. She underwent bilateral L4-S1 medial branch blocks on 02/06/2014, with 90% improvement for the first 3 days, but is now only 40% improvement. During the 3 days of improvement, she only took PO medications per day. On examination of the lumbar spine, there was diffuse tenderness noted at the trigger points. There was moderate tenderness noted L4-S1 at the facet tenderness. Sacroiliac tenderness was positive to the right. Fabere/Patrick, sacroiliac thrust test, and Yeoman's test were positive to the right. The Kemp's test was positive bilaterally, seated straight leg raise was 70 degrees on right and 90 degrees on left, and supine straight leg raise was 60 degrees on right and 50 degrees on left, and supine and seated straight leg raise elicited back pain bilaterally. The Farfan test was positive bilaterally. Lumbar spine range of motion for lateral bending was 20 degrees on right and 15 degrees on left; flexion 60 degrees bilaterally; and extension 10 degrees bilaterally. There was increased pain with lumbar spine extension. Upon examination on 06/10/2014, the injured worker complained of low back pain which rated at 6/10 to 7/10. The pain was described as constant, radiating down to the right leg down to her knee. She had not had any diagnostic studies. This was the last visit. There had been no changes in the medical history, as documented in the last appointment. The changes in physical exam from 04/01/2014, where the injured worker's gait was antalgic to the right and the Heel-toe walk was exacerbated to the right. A urine toxicology screen will be done. Her last toxicology screening was in 08/2013. The

injured worker had diagnoses of lumbar disc disease, lumbar facet syndrome, lumbar radiculopathy, and bilateral sacroiliac joint arthropathy. Prior treatments included medication, TENS unit, home exercise, bracing, continue with ambulation aide 4-point cane, pool therapy, an unknown amount of acupuncture, and epidural steroid injections 11/2013 and 03/2014. Medications included Robaxin 750 mg, 1 by mouth 2 times a day; and Norco 10/325, 1 by mouth every 12 hours as needed for pain. The injured worker received a TENS unit on 01/21/2014 but no electrodes were received. Prior treatments include medial branch block with report on 04/01/2014; the injured worker stated she recently received her TENS unit, but unfortunately she did not receive the electrodes. The injured worker received an x-ray in 03/2014, with no results shown. As of 04/16/2014, the injured worker had not utilized her TENS unit due to not being sure how to operate it. The request for authorization form was dated 01/21/2014. The rationale was not submitted for review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

The Final Determination was based on decisions for the disputed items/services set forth below:

**DME: HOME TENS UNIT PURCHASE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS (transcutaneous electrical nerve stimulation), page 114-11 Page(s): page 114-116.

**Decision rationale:** The request for DME: Home TENS unit purchase is non-certified. The injured worker had a history of back pain. The California MTUS Guidelines do not recommend TENS as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. The injured worker stated she received her TENS unit but had not used it due to not knowing how to operate the unit. The documentation submitted does not indicate whether the injured worker participated in a 1 month home based TENS trial documentation of the efficacy of the unit during the trial. In addition, it was not indicated whether the unit is to be used as an adjunct to an evidence based program of functional restoration. Therefore, the request for DME: Home TENS unit purchase is non-certified.